

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594 254

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2								52					
3		2						53					
4	1							54					
5	1							55					
6	1							56					
7	1							57					
8	1		1					58					
9		1						59					
10		2						60					
11	1							61					
12	1							62					
13	1							63					
14	1							64					
15								65					
16								66					
17								67					
18								68					
19								69					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2		2										
TOTAL DEP.	14	←	12	←									
TOTAL CLAIMS	16		14										